

CHRISTINE O. GREGOIRE  
Governor



STATE OF WASHINGTON  
OFFICE OF THE GOVERNOR

P.O. Box 40002 • Olympia, Washington 98504-0002 • (360) 753-6780 • [www.governor.wa.gov](http://www.governor.wa.gov)

TYPES OF RELIEF POSSIBLE THROUGH THE CLEMENCY  
AND PARDONS BOARD  
STATUTORY AUTHORITY RCW 9.94A.885

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Clemency/Pardon: (For in-state convictions only.) An executive act of grace that relieves an individual from all or part of any punishment imposed by a judgment and sentence for a criminal conviction. Clemency/pardon does not erase a conviction, rather it excuses all or part of the punishment imposed. Civil rights may be restored. Clemency/pardon may be conditional or unconditional. The Board makes recommendations only to the Governor on the granting of Clemency/Pardon action. The Governor is not bound to follow the recommendation or take any action. (FOR THIS TYPE OF RELIEF, USE PETITION A.)

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Restoration of Civil Rights: (For federal or out-of-state convictions only.) The Board issues a certificate restoring state civil rights (i.e., the right to vote and hold political office). (FOR THIS TYPE OF RELIEF, USE PETITION B.)

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Please return to: Chair, Clemency and Pardons Board  
c/o Terri Gottberg  
Office of the Attorney General  
PO Box 40116  
Olympia, WA 98504-0116



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**PETITION A**  
**CLEMENCY/PARDON (FOR IN-STATE CONVICTIONS ONLY)**

**NOTE: This petition must be typewritten or legibly printed in ink.**

DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_ SS NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Please attach a list of all addresses resided at during the past five years.)

DATE OF BIRTH: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

OTHER NAMES: \_\_\_\_\_

(past, maiden, etc.)

INSTITUTION NUMBER: \_\_\_\_\_ INS ID Number: \_\_\_\_\_

(Deportation cases only)

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

OTHER STATES IN WHICH YOU HAVE HELD DRIVER'S LICENSES: \_\_\_\_\_

RELIEF REQUESTED:

- ☐ Commutation (reduction of sentence)
- ☐ Pardon (complete relief from sentence and/or disabilities related to conviction)
- ☐ Reprieve (delay in imposition of sentence)

REASON FOR DESIRING RELIEF: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



OFFENSE(S) COMMITTED: **(A copy of the JUDGMENT AND SENTENCE for each offense for which you desire relief is REQUIRED before the Board will review your petition. PLEASE ATTACH A COPY TO THIS PETITION.)**

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COUNTY/CITY IN WHICH OFFENSE(S) COMMITTED: \_\_\_\_\_

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DATE OFFENSE(S) COMMITTED: \_\_\_\_\_

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SENTENCE IMPOSED: \_\_\_\_\_

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RESTITUTION/COSTS IMPOSED: \_\_\_\_\_

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STATE THE REASON THE GOVERNOR SHOULD GRANT RELIEF REQUESTED:

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PRIOR CRIMINAL HISTORY: (Provide a list of prior convictions or arrests, including traffic citations.)

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DESCRIBE WHAT YOU HAVE DONE TO DEMONSTRATE YOUR REHABILITATION: (For example, list employment/education history; if restitution was ordered, has restitution been made?)

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WERE YOU REPRESENTED BY COUNSEL FOR THE OFFENSE(S)? \_\_\_\_\_

NAME, ADDRESS AND TELEPHONE NUMBER OF COUNSEL:

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TRIAL OR PLEA? \_\_\_\_\_

DID YOU APPEAL CONVICTION? \_\_\_\_\_

(If so, results? Provide copy or cite appellate court decision(s).)

WAS A WEAPON USED DURING COMMISSION OF THE CRIME? \_\_\_\_\_

(If yes, provide details.)

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WERE YOU UNDER THE INFLUENCE OF DRUGS OR ALCOHOL AT THE TIME OF THE OFFENSE? \_\_\_\_\_

(If yes, provide details.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAS THE OFFENSE COMMITTED FOR THE PURPOSE OF AVOIDING OR PREVENTING ARREST OR ESCAPE FROM CUSTODY OF A PUBLIC OFFICER? \_\_\_\_\_

DID THE OFFENSE INVOLVE MINORS? \_\_\_\_\_  
(If yes, provide details.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF THE OFFENSE WAS COMMITTED AGAINST A PERSON, PLEASE ANSWER THE FOLLOWING:

1. Was the victim known to you? \_\_\_\_\_
2. If yes, relationship? \_\_\_\_\_
3. Was the victim injured? \_\_\_\_\_
4. Age of victim at time of offense: \_\_\_\_\_
5. More than one victim? If yes, how many? \_\_\_\_\_
6. Was restitution ordered? \_\_\_\_\_ If yes, how much, and has it been paid? \_\_\_\_\_  
\_\_\_\_\_

IF THE OFFENSE INVOLVED TAKING OR DESTRUCTION OF PROPERTY, PLEASE ANSWER THE FOLLOWING:

1. Value of property involved? \_\_\_\_\_
2. Description of property? \_\_\_\_\_
3. Property returned? \_\_\_\_\_ Restitution made to owner? \_\_\_\_\_
4. Was restitution ordered? \_\_\_\_\_ If yes, how much, and has it been paid? \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU FILED OTHER PETITIONS FOR RELIEF WITH THE GOVERNOR'S OFFICE? \_\_\_\_\_

(If so, provide the date, status, or disposition.)

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CURRENT STATUS:

1. Date released: \_\_\_\_\_

2. On parole? \_\_\_\_\_ Ever revoked? \_\_\_\_\_

3. On probation? \_\_\_\_\_ Ever revoked? \_\_\_\_\_

**(Answer questions 4 - 10 if currently incarcerated.)**

4. If incarcerated, present status: \_\_\_\_\_

5. Anticipated release date: \_\_\_\_\_

6. Place of release: \_\_\_\_\_

7. Level of custody in the institution: \_\_\_\_\_

8. Classification in the institution: \_\_\_\_\_

9. Have you lost good time or been subject to disciplinary action while incarcerated? \_\_\_\_

10. If yes, identify the nature, circumstances, and outcome. \_\_\_\_\_

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PRESENT EMPLOYMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF APPLICABLE, DO YOU HAVE EMPLOYMENT AVAILABLE UPON  
DISCHARGE? \_\_\_\_\_  
(If yes, where?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST OF ALL PLACES OF EMPLOYMENT (ADDRESSES AND JOB TITLES) OVER  
THE PAST FIVE YEARS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST OF REFERENCES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACH LETTERS OF REFERENCE OR STATEMENTS FROM OTHERS WHO  
CAN VOUCH FOR YOUR GOOD CONDUCT. (These statements should describe  
association with you, length of time that person has known you, etc.)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**WAIVER AND AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

I authorize you to furnish the Office of the Governor of Washington State with any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological records, my military service records, my criminal history, and my financial status. Information of a confidential or privileged nature may be included.

I waive any and all privacy rights I may have and I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

A photocopy of this authorization shall be as valid as the original.

To be completed by the applicant:

\_\_\_\_\_  
(Print name)                      (Signature)                      (Date)

\_\_\_\_\_  
(Other names you have been known by, including prior marriage or nickname.)

\_\_\_\_\_  
(Address)                      (City)                      (State)                      (Zip)

\_\_\_\_\_  
(Phone)                      (Social Security Number)

\_\_\_\_\_  
(Date of Birth)                      (Driver's License Number)

Other cities, counties, or states resided in over the past ten years; include dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_